

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES**

**INQUIRY TO OPERATE A CHILD PLACING AGENCY**

Name of Applicant/Administrator:

Mailing Address:

Phone Number:

E-Mail Address:

Agency Name:

Agency Site Address (No P. O. Boxes):

List County/Counties to be Served:

Type of Agency: ☐ Family Foster Care; ☐ Therapeutic Foster Care; ☐ Adoption

Classification of Agency: ☐ For Profit; ☐ Not For Profit

Business Structure (Choose One): ☐ Sole Proprietorship; ☐ General Partnership;  
☐ Limited Partnership; ☐ Limited Liability Partnership; ☐ Limited Liability Company;  
☐ Professional Limited Liability Company; ☐ C Corporation; ☐ S Corporation;  
☐ Corporation with Board of Directors;  
☐ Commissioners or Appointed Officials of a Government Unit (Public Agencies)

Is the agency registered with the North Carolina Secretary of State's Corporation Division? ☐ Yes; ☐ No If "Yes," what is the exact wording of the agency's registered name?

Are you or any of the owners of the agency currently operating a child placing agency, maternity home or residential child care facility (group home) in North Carolina or any other state? ☐ Yes; ☐ No If "Yes," give names and addresses of the agencies.

Have you or any of the owners previously operated a child placing agency, maternity home or residential child care facility (group home) in North Carolina or any other state? ☐ Yes; ☐ No If "Yes," give names and addresses of agencies and dates they were licensed.

Have you or any of the owners been an owner, co-owner, partner, shareholder, principal, or affiliate of a licensed facility or agency that was assessed a penalty, had its license revoked, suspended or downgraded to provisional? ☐ Yes; ☐ No If "Yes," explain:

Administrator's Educational Experience [Degree(s); Name(s) of College(s) or University(ies); Dates of Attendance]:

Administrator's Work Experience [Names and Addresses of Employers, Dates of Employment, Positions Held, Description of Duties]:

Have you ever pled guilty or no contest to or been convicted of a crime other than minor traffic citations? ☐ Yes; ☐ No If Yes, explain:

Have you ever been substantiated for child abuse and/or neglect or disabled adult abuse and/or neglect? ☐ Yes; ☐ No If Yes, explain:

Do you have a criminal, social or medical history that will adversely affect your capacity to work with children and adults? ☐ Yes; ☐ No If Yes, explain:

If you plan to operate a Foster Care Agency (Family Foster Care and/or Therapeutic Foster Care) you have to have an approved training plan in place for Foster Parents. Will you provide the state MAPP-GPS (Model Approach to Partnerships in Parenting Group Preparation and Selection) curriculum? ☐ Yes; ☐ No. Have you received training in this curriculum? ☐ Yes; ☐ No. Where and When?

**AUTHENTICATING SIGNATURE:** The undersigned certifies that the above information and the information attached are accurate and true representations. The undersigned further understands that the submission of this inquiry does not guarantee that the undersigned will receive a license to operate a child placing agency.

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH THE FOLLOWING:**

- A **Needs Assessment** for the county/counties you plan to serve [At a minimum describe the clients you plan to serve (if applicable, include the levels of children you plan to serve), the number of clients you anticipate needing your service, funding sources, referral sources (list agencies that will refer clients to you), any other documentation that describes the need for your service(s)].
- A proposed line-item **budget** detailing expenses and revenues. Include your fee schedule. Include specific sources of revenues. Describe your plan for meeting your budgetary needs during the first year of operation.
- The names of **three references** with addresses and phone numbers [two of the references must be from current or former employers]. If you operated a child-placing agency, maternity home or residential child care facility (group home) in another state provide the name, address and phone number of a contact person with the licensing authority in that state. You must also submit letters from the licensing authority in the state where you currently operate or previously operated a child-placing agency, maternity home or residential child care facility (group home) advising of your standing in the state.
- A **list of all the owners** (co-owners, partners, shareholders, principals, affiliates) of the agency with their full legal names, addresses, phone numbers and social security numbers. Indicate percentage of ownership for each owner.
- A **list of the members** of the Governing Body (Board of Directors, Partners, etc.). Give the name, address and term of membership of each member. Identify each officer and the term of the office.
- A **certified copy of your college transcripts**. You must also provide proof that the college or university you graduated from is accredited by the Association of Colleges and Schools. [Please note that Licensing Regulations require that Agency Administrators have at a minimum a bachelor's degree from a school accredited by the Association of Colleges and Schools and at least four years experience in a human services program of which a minimum of two years has been in administration. Social Workers must have either a master's degree in social work or related field of study from a school accredited by the Association of Colleges and Schools or a bachelor's degree in social work or a related field and two years experience working directly with children. Social Work Supervisors must have at a minimum a master's degree in social work or related area of study from a school accredited by the Association of Colleges and Schools or a bachelor's degree in social work or a related field and two years experience working directly with children.].
- Documentation that you have at least **four** years experience in a human services program of which a minimum of **two** years has been in administration.

**PLEASE NOTE THAT THE INQUIRY FORM MUST BE COMPLETED IN ITS ENTIRETY AND THE ABOVE SEVEN ITEMS MUST BE ATTACHED. YOUR INQUIRY FORM WILL NOT BE PROCESSED UNTIL THIS INFORMATION IS SUBMITTED. YOU WILL NEED TO PROVIDE CERTIFIED COLLEGE TRANSCRIPTS AND PROOF THAT THE COLLEGE OR UNIVERSITY YOU GRADUATED FROM IS ACCREDITED BY THE ASSOCIATION OF COLLEGES AND UNIVERSITIES.**

Submit this inquiry and attachments to:  
North Carolina Division of Social Services  
Regulatory and Licensing Services  
952 Old US Highway 70  
Black Mountain, North Carolina 28711

Administrative Rules for Child Placing Agencies, Family Foster Homes, Therapeutic Foster Homes and Adoptions are found in North Carolina Administrative Code Chapter 10A, Subchapters 70F, 70G, 70H and 70E. These rules can be accessed at the following web site: <http://www.dhhs.state.nc.us/dss/licensing/> Please review these rules.

If you are interested in opening a child placing agency for foster care you will need to review rules found in North Carolina Administrative Code 10A 70F and 70G. The rules found in 70E are specifically for licensing family foster homes and therapeutic foster homes.

If you are interested in operating a child placing agency for adoption you will need to review the rules found in North Carolina Administrative Code 10A 70F and 70H.

The Division of Social Services does not provide start up funding for agencies. Agencies providing Family Foster Care services will need to establish a facility rate. It can take one to two years to establish a facility rate. You will need to negotiate with county departments of social services for fees. However until you establish a facility rate the department of social services will only receive reimbursement from the state and federal governments based on the foster care board rate. The current board rate is children 0-5 \$390 per month, children 6-12 \$440 per month and children 13-18 \$490 per month. Of this amount \$15 per month is considered a personal needs allowance for the child.

You can review information about funding for Family Foster Care at the web sites listed below. Departments of Social Services do not receive any federal reimbursement from for profit agencies.

Agencies providing Therapeutic Foster Care will be reimbursed through the Medicaid program. You will need to work with the Local Management Entity.

### **Foster Care Funding Information**

This information can be found in our Foster Care Funding Manual online at <http://info.dhhs.state.nc.us/olm/manuals/dss/csm-20/man/index.htm>

### **Rate Setting Information**

This information can be found online at <http://www.dhhs.state.nc.us/control/fcf/fcfac.htm>.

A link to this page can also be found by clicking on our Service Delivery tab.